

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090821

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: GYM, INC.

## Current Principal Place of Business:

10146 W INDIANTOWN ROAD  
JUPITER, FL 33478

## New Principal Place of Business:

## Current Mailing Address:

10146 W INDIANTOWN ROAD  
JUPITER, FL 33478

## New Mailing Address:

10146 W INDIANTOWN ROAD  
13  
JUPITER, FL 33478

FEI Number: 65-0873679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGATE, BOYD  
13146 157TH COURT N  
JUPITER, FL 33478 US

## Name and Address of New Registered Agent:

LEGATE, BOYD  
10152 W INDIANTOWN RD  
#123  
JUPITER, FL 33478 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEGATE, BOYD  
Address: 10152 W INDIANTOWN ROAD  
City-St-Zip: JUPITER, FL 33478

Title: D ( ) Delete  
Name: LEGATE, SUSAN  
Address: 10152 W INDIANTOWN ROAD  
City-St-Zip: JUPITER, FL 33478

Title: D ( ) Delete  
Name: RYAN, JOHN  
Address: 302 SHELDON AVENUE  
City-St-Zip: STATEN ISLAND, NY 10312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOYD LEGATE

PRES

04/07/2004

Electronic Signature of Signing Officer or Director

Date